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FLOOR DEBATE

March 23, 2005 LB 664

SENATOR FISCHER: Okay. Thank you, Mr. President. Thank you, Senator Cudaback. I am here to speak in support of LB 664. As Senator Cudaback stated, this is a bill that basically affects only two communities in our state--Lexington and Broken Bow--and allows them to meet the requirements to become critical access centers and become part of the critical access hospital program. I'm here to urge you to take action because of a critical deadline that requires legislation be passed this session. After January 1, 2006, the federal waiver related to the qualification for critical access hospitals will expire. After this date, the necessary provider waiver will no longer be available to waive the 35-mile distance requirement under the federal critical access hospital program. Because there is one other hospital within the 35-mile radius of the Jennie M. Melham Medical Center in Broken Bow, this might be the last chance for this facility to qualify for the critical access hospital program before the federal waiver expires. Under current regulation, it will be impossible for our facility to ever become a critical access hospital after January 1, 2006. The Jennie M. Melham Medical Center is the only hospital in the 43rd District that is not a critical access hospital. The time has come for it to convert. Broken Bow depends on its hospital to provide accessible, high-quality care, and to provide employment opportunities for over 200 people in this community. In effect, not passing LB 664 at this time will allow the continuation of a public policy decision that could cause future problems for the Jennie M. Melham Medical Center in Broken Bow. Nebraska has been a leader in the national effort to convert small rural hospitals to the critical access hospital program, and we currently have over 60 critical access hospitals in Nebraska. I believe all of you should have a handout at your desk showing those. This model fits rural Nebraska hospitals. It works because there is cooperation among the various health entities. A federal Flex grant has provided over \$4 million in technical assistance. Sixteen hospital networks have formed as a result of the program where common services become a part of a shared network from which Nebraska's "telehealthcare" system can develop to electronically link all Nebraska hospitals. LB 664 helps two hospitals in central Nebraska to better provide accessible healthcare to the people in their communities and their service areas. Therefore, I urge you to advance LB 664.